

Skilled Nursing Facility Change of Ownership – Owner Information Data Dictionary

Term Name	Variable Name	Description	Type	Length
Enrollment ID	ENROLLMENT ID	Enrollment ID of the Skilled Nursing Facility that engaged in a change of ownership. An enrollment ID is a unique 15-digit alphanumeric identifier that is assigned to each new provider enrollment application. All enrollment-level information (e.g., enrollment type, enrollment state, provider specialty and reassignment of benefits) is linked through the enrollment ID.	CHAR	15
Associate ID	ASSOCIATE ID	PECOS Associate Control (PAC) ID of the Skilled Nursing Facility that engaged in a change of ownership. A PAC ID is a unique 10-digit numeric identifier that is assigned to each individual or organizational provider in PECOS. All entity-level information (e.g., Tax Identification Numbers and provider names) is linked through the PAC ID. A PAC ID may be associated with multiple enrollment IDs if the provider is enrolled multiple times under different circumstances.	CHAR	10
Organization Name	ORGANIZATION NAME	Legal business name of the Skilled Nursing Facility that engaged in a change of ownership.	CHAR	70
Owner Associate ID	ASSOCIATE ID - OWNER	PAC ID of the “owner” – an associate with ownership or managing control interest in the Skilled Nursing Facility enrollment.	CHAR	10
Owner Type	TYPE - OWNER	Type of owner, “I” for individual and “O” for organization.	CHAR	1
Owner Role Code	ROLE CODE - OWNER	Owner’s role code, see Owner Role Code Reference Table for the full list of owner roles.	CHAR	2
Owner Role Text	ROLE TEXT - OWNER	Description for Owner Role Code.	CHAR	100
Association Date	ASSOCIATION DATE - OWNER	Date on which the owner became associated with the Skilled Nursing Facility.	NUM	8
Owner First Name	FIRST NAME - OWNER	Individual owner’s first name.	CHAR	25
Owner Middle Name	MIDDLE NAME - OWNER	Individual owner’s middle name.	CHAR	25
Owner Last Name	LAST NAME - OWNER	Individual owner’s last name.	CHAR	35
Owner Title	TITLE - OWNER	Individual owner’s title.	CHAR	35
Owner Organization Name	ORGANIZATION NAME - OWNER	Organizational owner’s legal business name.	CHAR	70
Owner Doing-Business-As Name	DOING BUSINESS AS NAME - OWNER	Organizational owner’s doing-business-as name.	CHAR	150
Owner Address Line 1	ADDRESS LINE 1 - OWNER	Address line 1 of the organizational owner’s mailing address or business address.	CHAR	55
Owner Address Line 2	ADDRESS LINE 2 - OWNER	Address line 2 of the organizational owner’s mailing address or business address.	CHAR	55
Owner City	CITY - OWNER	City of the organizational owner’s mailing address or business address.	CHAR	30
Owner State	STATE - OWNER	State of the organizational owner’s mailing address or business address, see State Code Reference Table for description of values.	CHAR	2
Owner Zip Code	ZIP CODE - OWNER	Zip code of the organizational owner’s mailing address or business address.	CHAR	15
Percentage of Ownership	PERCENTAGE OWNERSHIP	Owner’s ownership percentage in the Skilled Nursing Facility enrollment.	NUM	8
Owner Created for Acquisition	CREATED FOR ACQUISITION - OWNER	A flag that indicates if the organizational owner was solely created to acquire/buy the Skilled Nursing Facility and/or the Skilled Nursing Facility’s assets (Y/N; blank if not reported).	CHAR	1
Owner Corporation Flag	CORPORATION - OWNER	A flag that indicates if the owner’s organization type is corporation (Y/N; blank if not reported).	CHAR	1
Owner LLC Flag	LLC - OWNER	A flag that indicates if the owner’s organization type is limited liability company (Y/N; blank if not reported).	CHAR	1

Term Name	Variable Name	Description	Type	Length
Owner Medical Provider/Supplier Flag	MEDICAL PROVIDER SUPPLIER - OWNER	A flag that indicates if the owner's organization type is medical provider/supplier (Y/N; blank if not reported).	CHAR	1
Owner Management Services Company Flag	MANAGEMENT SERVICES COMPANY - OWNER	A flag that indicates if the owner's organization type is management services company (Y/N; blank if not reported).	CHAR	1
Owner Medical Staffing Company Flag	MEDICAL STAFFING COMPANY - OWNER	A flag that indicates if the owner's organization type is medical staffing company (Y/N; blank if not reported).	CHAR	1
Owner Holding Company Flag	HOLDING COMPANY - OWNER	A flag that indicates if the owner's organization type is holding company (Y/N; blank if not reported).	CHAR	1
Owner Investment Firm Flag	INVESTMENT FIRM - OWNER	A flag that indicates if the owner's organization type is investment firm (Y/N; blank if not reported).	CHAR	1
Owner Financial Institution Flag	FINANCIAL INSTITUTION - OWNER	A flag that indicates if the owner's organization type is bank or other financial institution (Y/N; blank if not reported).	CHAR	1
Owner Consulting Firm Flag	CONSULTING FIRM - OWNER	A flag that indicates if the owner's organization type is consulting firm (Y/N; blank if not reported).	CHAR	1
Owner For Profit Flag	FOR PROFIT - OWNER	A flag that indicates if the owner's organization type is for profit (Y/N; blank if not reported).	CHAR	1
Owner Nonprofit Flag	NON PROFIT - OWNER	A flag that indicates if the owner's organization type is nonprofit (Y/N; blank if not reported).	CHAR	1
Owner Other Type Flag	OTHER TYPE - OWNER	A flag that indicates if the owner's organization type is not listed on the CMS form (Y/N; blank if not reported).	CHAR	1
Owner Other Type Text	OTHER TYPE TEXT - OWNER	Other type of owner's organization that is not listed on the CMS form.	CHAR	40

Owner Role Code Reference Table

Code	Description
01	5% OR MORE OWNERSHIP INTEREST
03	PARTNER
25	CONTRACTED MANAGING EMPLOYEE
34	5% OR GREATER DIRECT OWNERSHIP INTEREST
35	5% OR GREATER INDIRECT OWNERSHIP INTEREST
36	5% OR GREATER MORTGAGE INTEREST
37	5% OR GREATER SECURITY INTEREST
38	GENERAL PARTNERSHIP INTEREST
39	LIMITED PARTNERSHIP INTEREST
40	OFFICER
41	DIRECTOR
42	W-2 MANAGING EMPLOYEE
43	OPERATIONAL/MANAGERIAL CONTROL
44	OTHER

State Code Reference Table

Code	Description
AK	Alaska
AL	Alabama
AR	Arkansas
AS	American Samoa
AZ	Arizona
CA	California
CO	Colorado
CT	Connecticut
DC	District of Columbia
DE	Delaware
FL	Florida
GA	Georgia
GU	Guam
HI	Hawaii
IA	Iowa
ID	Idaho
IL	Illinois
IN	Indiana
KS	Kansas
KY	Kentucky
LA	Louisiana
MA	Massachusetts
MD	Maryland
ME	Maine
MI	Michigan
MN	Minnesota
MO	Missouri
MP	Mariana Islands, Northern
MS	Mississippi
MT	Montana
NC	North Carolina
ND	North Dakota
NE	Nebraska
NH	New Hampshire
NJ	New Jersey
NM	New Mexico
NV	Nevada
NY	New York
OH	Ohio
OK	Oklahoma
OR	Oregon
PA	Pennsylvania
PR	Puerto Rico
PW	Palau
RI	Rhode Island
SC	South Carolina
SD	South Dakota
TN	Tennessee
TX	Texas
UT	Utah
VA	Virginia
VI	Virgin Islands
VT	Vermont

Code	Description
WA	Washington
WI	Wisconsin
WV	West Virginia
WY	Wyoming